FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 08, 2002 8:00 am Secretary of State **DOCUMENT # N12379** 1. Entity Name 04-08-2002 90216 020 ****61.25 WOODGATE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O CDS MANAGEMENT C/O CDS MANAGEMENT 300 SOUTH PINE ISLAND RD #212 300 SOUTH PINE ISLAND RD #212 PLANTATION FL 33324 PLANTATION FL 33324 US. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2614027 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CDS MANAGEMENT & REAL ESTATE GROUP, INC. Street Address (P.O. Box Number is Not Acceptable) 300 SOUTH PINE ISLAND ROAD **GUITE 212** PLANTATION FL 33324 8. The above named entity submits this ourpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE. Signature, typed or printed name of register (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01)TITLE TITLE ☐ Delete MOSEY, LARRY Richard Lyons NAME NAME 632 woodgete Circle **542 WOODGATE CIR** STREET ADDRESS STREET ADDRESS Suncise, 71 33326 SUNRISE FL 33326 CITY-ST-ZIP CITY-ST-ZIP **Addition** TITLE ☐ Delete TITLE Change GILBERT, HOWARD mary Ellen Blasenstein 536 woodgate Circle NAME NAME 647 WOODGATE LN STREET ADDRESS STREET ADDRESS SUNRISE FL 33326 Sunkise, FL 33324 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ŤĬŤĿĒ Change ☐ Addition MARTINOTTI, PATTY NAME NAME 15730 WOODGATE PLACE STREET ADDRESS STREET ADDRESS SUNRISE FL 33326 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALLER, CHRISTIAN NAME NAME 505 WOODGATE CIRCLE STREET ADDRESS STREET ADDRESS SUNRISE FL 33326 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SANTOS, JOHN NAME NAME 540 WOODGATE CIRCLE STREET ADDRESS STREET ADDRESS SUNRISE FL 33326 CITY-ST-ZiP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete ☐ Change NICHOLAS, ZACK NAME NAME 605 WOODGATE CT STREET ADDRESS STREET ADDRESS SUNRISE FL 33326 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all their like empowered.

SIGNATURE: